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Bib Data Sheet

CONFIRMATION NO. 3934

<b>SERIAL NUMBER</b> 10/077,956	<b>FILING DATE</b> 02/20/2002 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> P468 CON3
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**APPLICANTS**  
Howard J. Leonhardt, Sunrise, FL;  
Syde A. Taheri, Williamsville, NY;  
Trevor Greenan, Sunrise, FL;

**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLICATION IS A CON OF 09/949,813 09/12/2001  
WHICH IS A DIV OF 09/405,562 09/24/1999 PAT 6,287,315  
WHICH IS A CIP OF 09/017,474 02/02/1998 ABN  
WHICH IS A CON OF 08/710,460 09/18/1996 PAT 5,713,917  
WHICH IS A CIP OF 08/549,880 10/30/1995 PAT 5,591,195  
AND SAID 09/949,813 09/12/2001  
IS A CIP OF 09/525,740 03/14/2000 PAT 6,334,869  
WHICH IS A CON OF 09/017,474 02/02/1998 ABN  
WHICH IS A CON OF 08/710,460 09/18/1996 PAT 5,713,917  
WHICH IS A CIP OF 08/549,880 10/30/1995 PAT 5,591,195

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 03/12/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

**ADDRESS**  
28390

**TITLE**  
Method for engrafting a blood vessel

<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
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